ADHS/DBHS Presentation for Joint Meeting of

Senate Committee on Healthcare and Medical Liability Reform

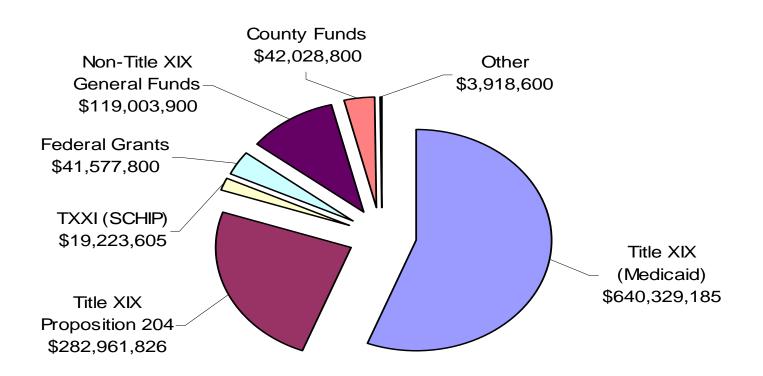
House Committee on Health and Human Services

Laura Nelson, M.D.
Acting Deputy Director
ADHS/DBHS
February 4, 2009

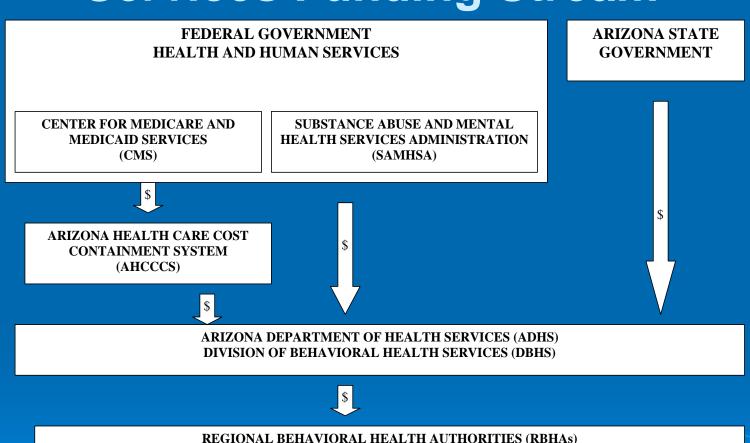
Arizona Department of Health Services/ Division of Behavioral Health Services (ADHS/DBHS)

- Administers unified statewide behavioral health service delivery system
- Required by statute to contract with Tribal and Regional Behavioral Health Authorities (T/RBHAs) to coordinate service delivery in six geographic service areas statewide
- Provides services to both federally eligible (Title XIX and Title XXI of the Social Security Act) and State-only populations
- No direct services except at the Arizona State Hospital

Behavioral Health Funding - 2008



Division of Behavioral Health Services Funding Stream



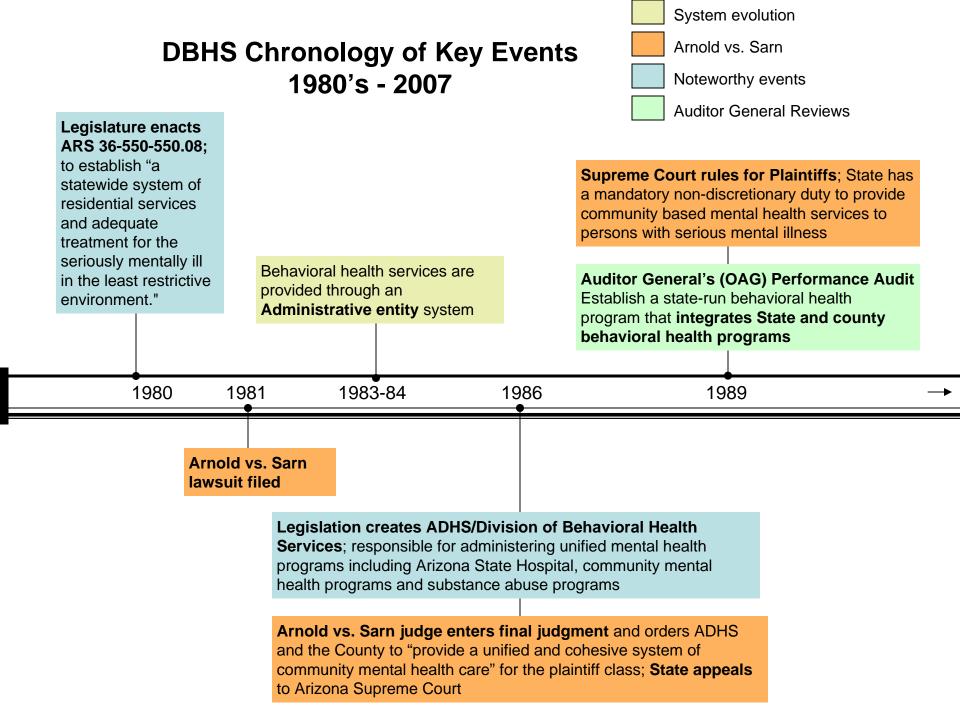
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TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITY (TRBHAS)

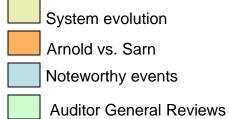
PROVIDERS

Enrolled Population – Nov. 2008

Populations	AHCCCS Eligible	AHCCCS Enrolled	State-Only Enrolled	Total Enrolled
Children	548,469	36,887	5,699	42,586
Adult-GMH	460,059 (combined)	39,355	17,968	57,323
Adult -SA		11,914	8,183	20,097
Adult -SMI		22,078	15,219	37,297
Total	1,008,528	110,234	47,069	157,303







AHCCCS added behavioral health services to Medicaid benefit package; implementation in July 1993

Parties negotiated the **Implementation Plan (Blueprint)** to comply with court judgment; full compliance expected by 1995

1991

The Maricopa
County RBHA,
ComCare has
severe financial
problems forcing
ADHS to become
involved in its day
to day operations

1993

OAG Special Study (Admin. Entity System)

- •Recognized financial needs to meet Blueprint requirements
- •In future SMI contracts, restrict the use of expended funds to ensure they are spent for the purpose originally intended

1992

•Develop **uniform accounting and reporting guidelines** that require more detailed reporting of program expenditures

Legislation creates Regional Behavioral Health Authorities (RBHAs); and provide ADHS with authority to contract with AHCCCS to administer Medicaid funded behavioral health services; Managed Care system replaces fee-for-service

OAG Performance Audit

1994

- •Amend statutes and end the lawsuit; ADHS, not the court, should direct the system
- •State lacks resources estimated to be almost \$100 million annually to satisfy court orders
- •Court orders establish a "Cadillac" system of care; no one believes ADHS can meet the Blueprint requirements by September 30, 1995; some believe ADHS can never comply
- •Extensive court and Plaintiffs' counsel involvement in day-to-day operations; Significant amount of staff time spent responding to Plaintiffs' concerns tends to keep ADHS in crisis mode

•Requirements to comply are too costly; lawsuit expenses are very high and may be adding little value

 Minimum capitalization requirements needed to address recurring financial problems with RBHAs

- •ADHS can attract more financially stable organizations and foster competition by **including a profit motive** in its contracts
- •Give ADHS/DBHS three years (by Dec. 31, 1997) to improve system; if not, consider moving the system out of ADHS/DBHS

1995 Pima County RBHA, Arizona Center for Clinical Management (ACCM) accumulated losses in excess of \$11.6 million over the first two years of their contact ADHS/DBHS renewed ComCare contract (the only bidder) ADHS/DBHS cannot meet Blueprint requirements, parties renegotiate court orders; Joint Stipulation on Exit Criteria and Disengagement (Exit Stipulation) becomes new court order -Court Monitor appointed and funded through ADHS' budget

System evolution

Noteworthy events

Auditor General Reviews

Arnold vs. Sarn

System evolution

Arnold vs. Sarn

Noteworthy events

Auditor General Reviews

OAG Performance Audit

- •Four barriers to RBHA competition:
 - Rapid dramatic reform described as "dizzying"
 - Perception of lower profits
 - Requirements in lawsuit
 - Financial losses incurred

1996

- Consider profit/loss "risk corridor"
- •Allow for-profit organizations to bid on RBHA contracts

Court Monitor's Independent Case Review

- •Findings not favorable and Plaintiffs threatened enforcement action
- •To avoid litigation, the parties negotiated the Supplemental Agreement
- Court Monitor required to conduct annual audits

1998

•Required ADHS/DBHS to hire consultant to assess costs needed to comply with court orders (Leff Report)

"Leff Report" (HSRI) found that in Maricopa County **the cost to comply** with court orders in 1999 would be \$317 million; funding that year was only \$88 million

•Required ADHS/DBHS to implement strategic plans for vocational support services, housing and case management and clinical team services.

ADHS/DBHS Operates the RBHA (ComCare)

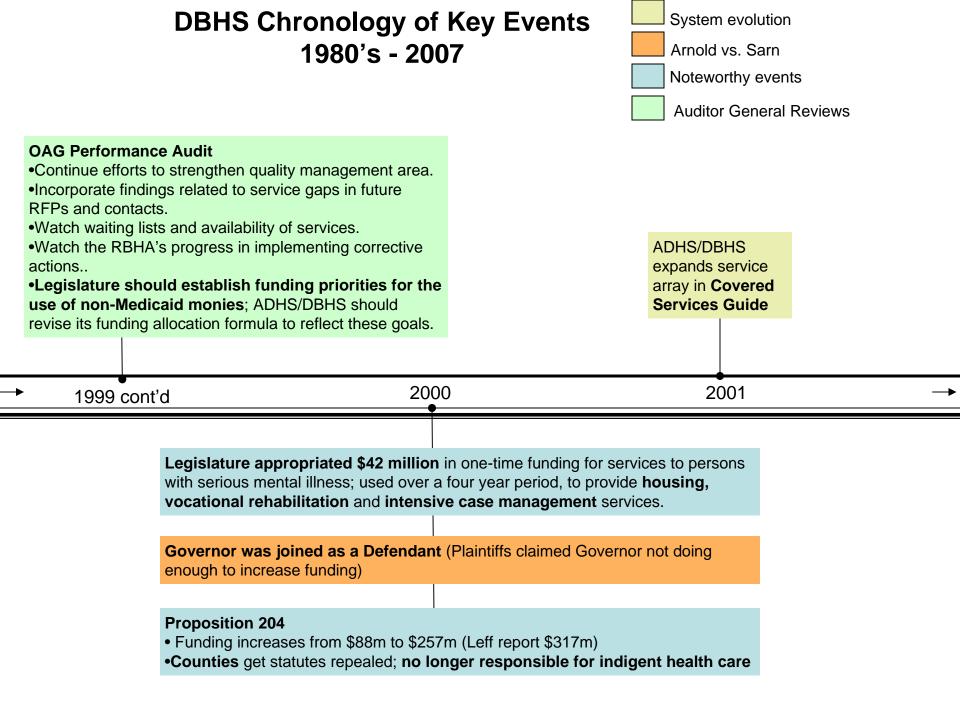
•ComCare projected a \$25m operating deficit for Fiscal Year 1998

1997

- •ADHS/DBHS sought and obtained a gubernatorial declaration of emergency in the behavioral health care system
- ComCare responded by filing for bankruptcy
- •On September 7, 1997, the bankruptcy matter was settled allowing the **Department to officially operate ComCare**
- •ADHS began RFP process for Maricopa County

ValueOptions awarded Maricopa County RBHA contract

1999



System evolution

Arnold vs. Sarn

Noteworthy events

Auditor General Reviews

Court Monitor Audit

- •First since 1998
- •Scores are lower than in 1998 audit
- •ADHS developed court approved remedial plan: extensive training, mentoring, ISP development, and increased service capacity
- ADHS also agreed to a series of "end dates" with a final "end date" by 2008
- •Leff report updated for inflation and enrollment; \$570m needed to comply with court orders

2004

Stipulation on Completion Dates

- •Required parties to reach agreement on compliance measures for all non-Appendix C Exit Stipulation terms
- •Required ADHS budget requests to meet the original Leff target and seek increases in subsequent years.
- •Stipulation to Modify Completion Dates was filed to extend 2005 compliance deadlines.

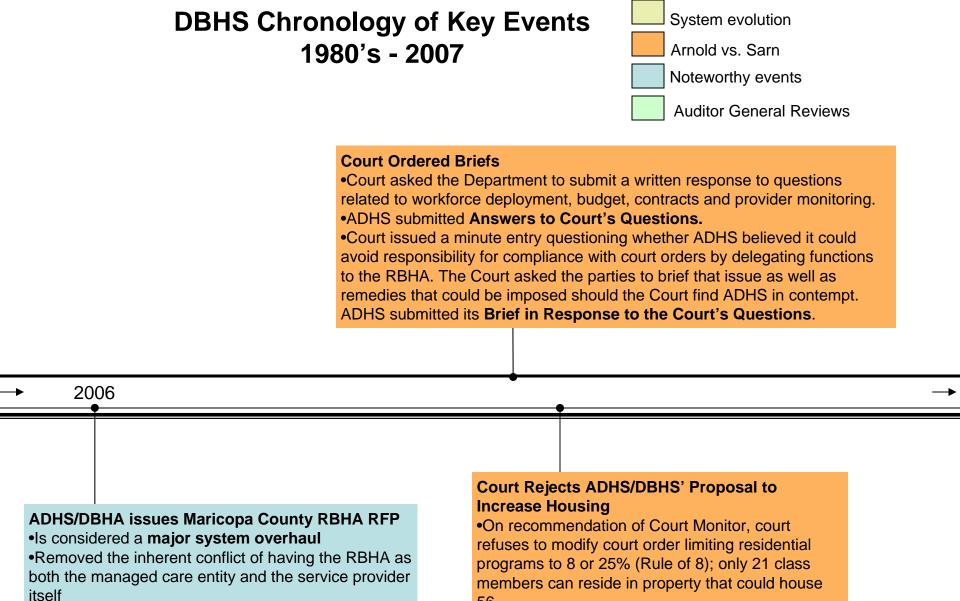
Motion for Disengagement and Partial Satisfaction of Judgment
ADHS relieved of responsibility for 17 separate provisions in the Exit Stipulation and
Supplemental Agreement.

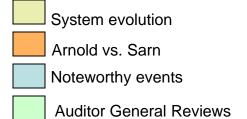
ADHS/DBHS awarded RBHA contracts outside of Maricopa County to Cenpatico, NARBHA and CPSA

2005

Court Monitor's Audit

- •Shows some improvements for assessments and ISPs. but scores were below court ordered targets.
- •Plaintiffs filed a **Motion for Noncompliance and Further Remedial Orders** asking the court to order ADHS to provide more services to more class members at a faster pace or suffer monetary and other sanctions.
- •ADHS opposed Plaintiffs Motion; questioned validity of audit process and requested evidentiary hearing
- •To avoid litigation, the Parties agreed to a **Stipulation Re: Network Plan** and **Stipulation Re: Completion Dates**





OAG's Special Audit

- •ADHS should focus on outcomes, not process
- •Court Monitor's annual review is not designed to measure a person's progress toward recovery outcomes over time
- •One expert said the **rigidity of the requirements has stymied the system in its efforts to improve**
- •Auditors found that progress made in some areas is not necessarily recognized by existing review mechanisms
- •ADHS should consider renegotiating court orders

2006 2007

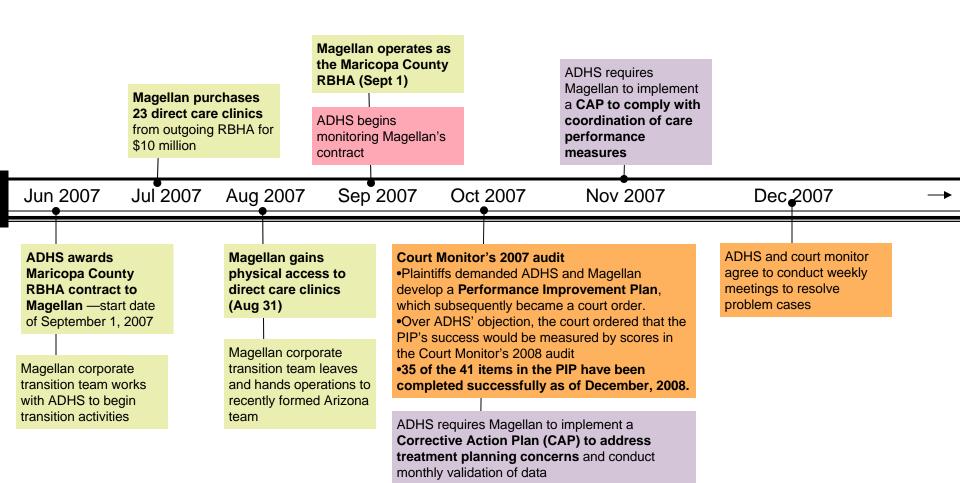
Maricopa County contract awarded to Magellan

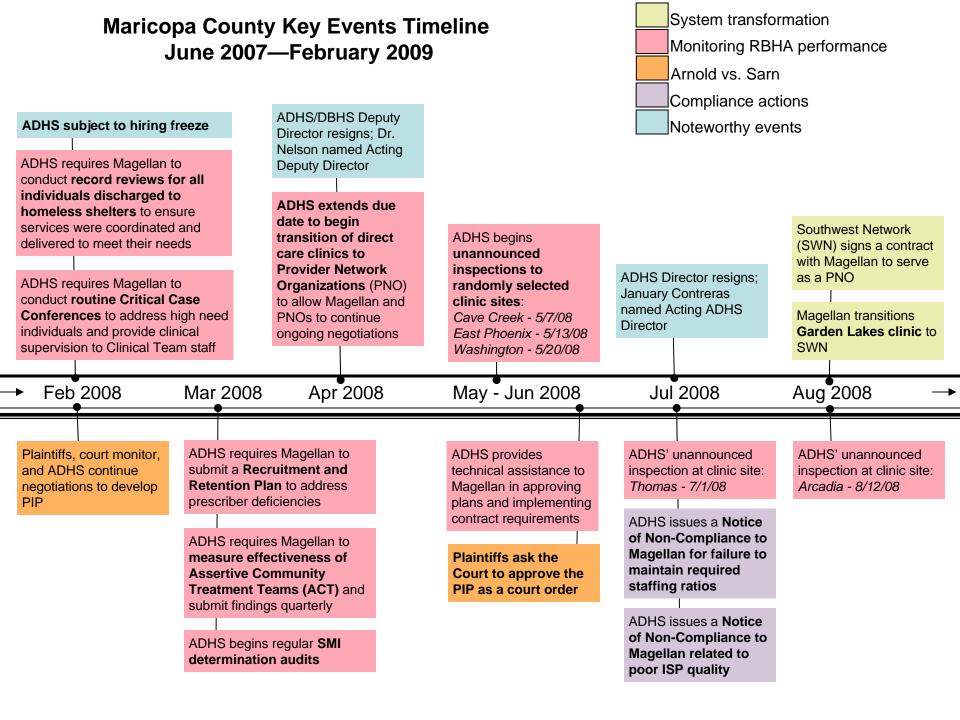
System Transformation

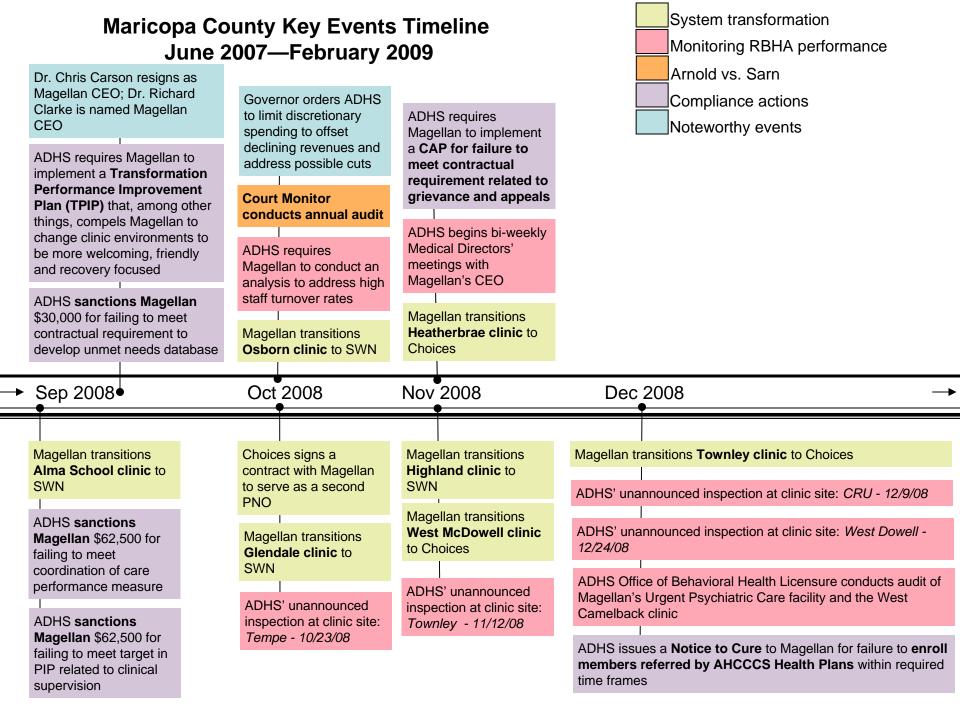
Pre-2007 Contract	2007 Contract	
Conflict as service provider plus oversight entity	Oversight entity only (services delivered through Provider Network Organizations)	
No choice for service delivery provider	Choice of 2 (or more) Provider Network Organizations	
No competition among service delivery providers	Competition among service delivery providers	
No statutory prohibition on service provider functioning as a managed care entity	Statutory requirement to separate service delivery from managed care entity per A.R.S. 36-3410(C) (9/1/09)	

Maricopa County Key Events Timeline June 2007—February 2009

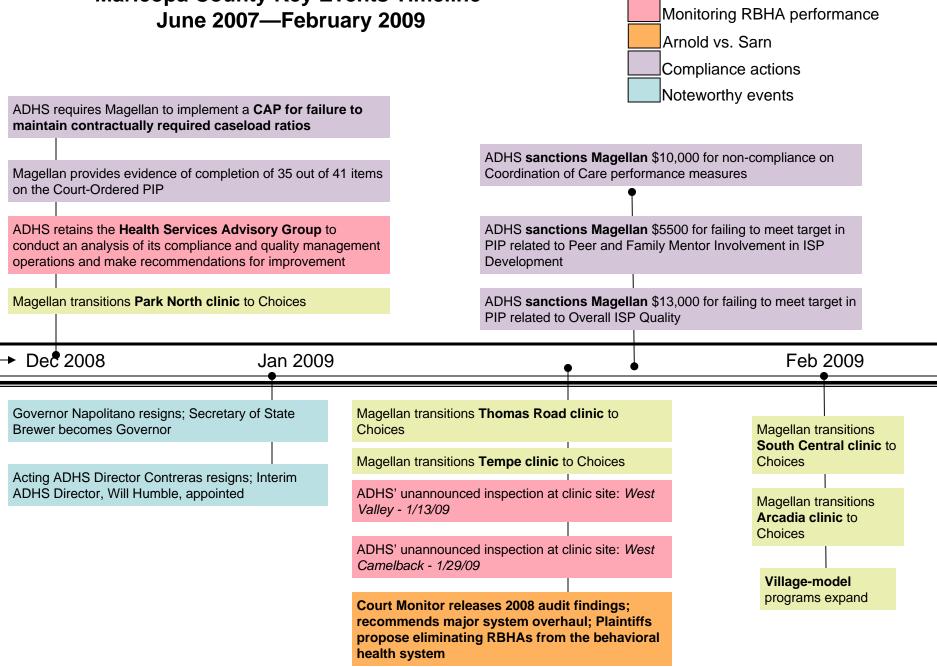








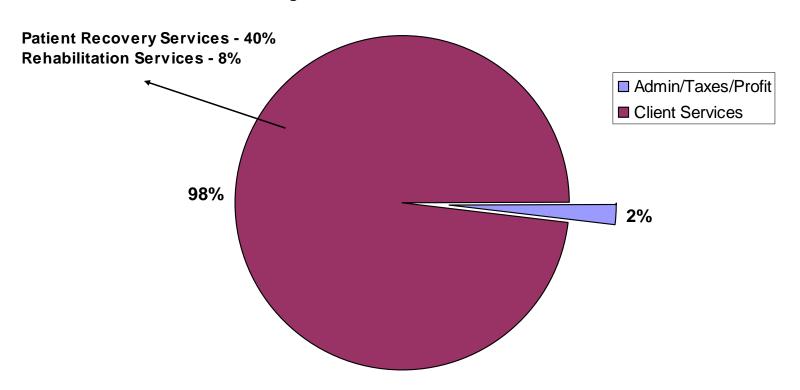
Maricopa County Key Events Timeline June 2007—February 2009



System transformation

Where is the money going?

Maricopa SMI Services Magellan 2008 Audited Statements



Where is the money going?

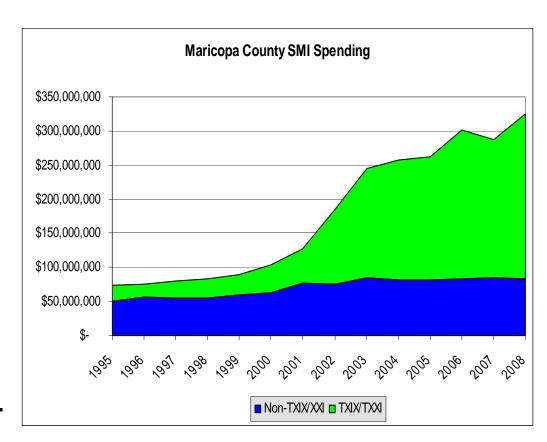
- Support Services (40%)
 - Case Management
 - Personal Care
 - Family Support
 - Peer Support
 - Respite
 - Supported housing
 - Transportation
- Rehabilitation Services (8%)
 - Living skills training
 - Health promotion
 - Supported employment

FY08 Profit/Loss

- The RBHAs are not guaranteed a profit.
- ADHS/DBHS built into its contracts with both non-profit and for profit companies financial risk sharing.
- In FY 08, the Maricopa County RBHA had the lowest gross profit margin among all RBHAs (for-profit and nonprofit).
- The outlook looks similar for the Maricopa County RBHA in FY09. As of November 30, 2008, its gross profit margins were 0.1%.

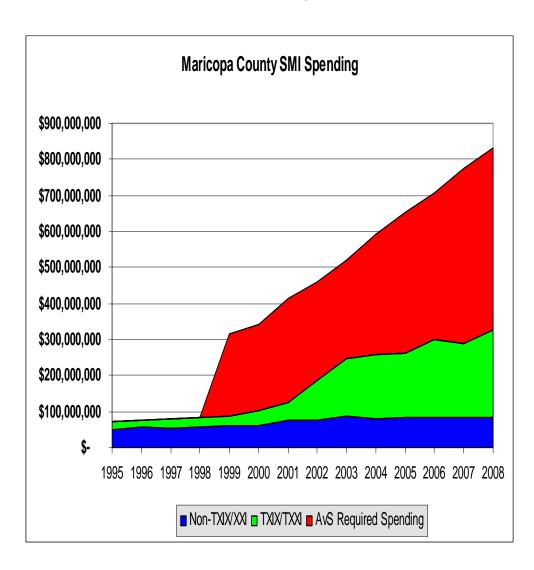
Funding Maricopa County SMI

Arizona has made tremendous progress in increasing Medicaid funding for behavioral health services so that today we have met the original Leff Report target. In contrast, state only appropriations have remained flat since 1995.

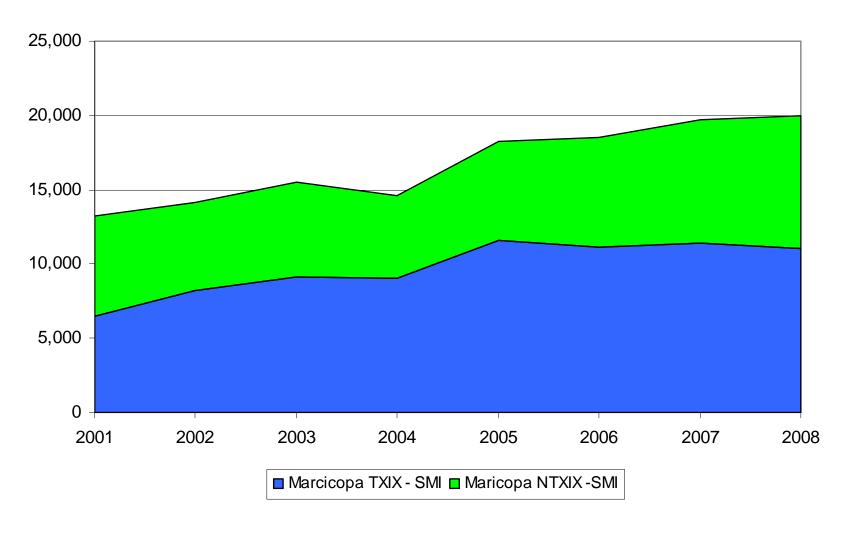


Funding Maricopa County SMI

In 2008, ADHS adjusted the Leff report for inflation and growth and determined in excess of \$800,000,000 is needed to comply with court orders



SMI Enrollment trends in Maricopa County



What services have been expanded over the course of the lawsuit?

Peer Support

- >480 peer support staff and >50 family support staff
- 14 Community Service Agencies,5 are peer-operated, 33 locations

Housing

- 182% increase in housing; ~2100 individuals to ~6100 individuals
- plus supportive services, rent subsidies
- Closing of Supervisory Care Homes; hundreds assisted with alternative housing

Vocational Rehabilitation

- employment specialists
- partnership with RSA
- 25% SMI competitively employed (highest statewide)

ACT teams

- 19 teams
- serving ~1500 individuals

Dramatic decreases in State Hospital census

since Sept. 2005, census consistently <55